



September 28, 2022

DVP-220039

Air Pollution Control Officer

Attention: Mr. Jack Cheng, AQAC Supervisor

South Coast Air Quality Management District

21865 E. Copley Drive

Diamond Bar, CA 91765-4182

Subject: CO lbs./hr 3-Hr Rolling Average Exceedance

SCAQMD FILE # 100154.

Permit No. CB-ROP 05-01

NSR 4-4-11; SE 87-01

Dear Mr. Cheng:

Per our Title V permit I am attaching the Form 500-N reports for the CO lbs./hr 3-Hr Rolling Average Exceedances Desert View Power incurred during startups on September 22, 25, & 26, 2022.

Please call if you have any questions or comments. I can be reached at Ex. 6 Personal Privacy (PP)

Sincerely,

A handwritten signature in black ink that reads "Kevin Lawrence".

Kevin Lawrence

Plant Manager Desert View Power



Page 2

encl

cc:

Enforcement and Compliance Assurance Division
U.S. Environmental Protection Agency
75 Hawthorne Street
San Francisco, California 94105-3901

Chief, Industrial Strategies Division
California Air Resources Board
P.O. Box 2815
Sacramento, CA 95814



South Coast Air Quality Management District

Form 500-N**Title V - Deviations, Emergencies & Breakdowns**

*This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.

Mail To:
SCAQMD
P.O. Box 4941
Diamond Bar, CA 91765-0941

Tel: (909) 396-3385
www.aqmd.gov

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit): <u>Desert View Power</u>		2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): <u>100154</u>	
3. Address: <u>62-300 Gene Welmas Dr</u> (where incident occurred) Street Address			
<u>Mecca</u> City		<u>CA</u> State	<u>92254</u> Zip
4. Mailing Address: <u>Same as above</u> (if different from Item 3) Street Address			
<u>Same as above</u> City		<u>State</u>	<u>Zip</u>
5. Provide the name, title, and phone number of the person to contact for further information:			
<u>Doug Fritsch</u> Name		<u>Operations Manager</u> Title	<u>(760) 262-1684</u> Phone #

Section II - Reporting of Breakdowns, Deviations, and Emergencies

1. This written notification is to report a(n):

Type of Incident

Verbal Report Due*

Written Report Due

a. ☐ Emergency under Rule 3002(g)

Within 1 hour of discovery

Within 2 working days from when the emission limit was exceeded.

b. ☐ Breakdown under:☐ Rule 430 (Non-RECLAIM)☐ Rule 2004 (RECLAIM)☐ Rule 218 (Non-RECLAIM)

[See Rule 218(f)(3)]

For Rules 430 & 2004 - Within 1 hour of discovery.

For Rule 218 - Within 24 hours or next business day for failure/shutdown exceeding 24 hours

For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted.

For Rule 218 - With required semi-annual reports.

c. ☒ Deviation with excess emissions

[See Title V Permit, Section K, Condition No. 22B]

Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.

Within 14 days of discovery of the deviation.

d. ☐ Other Deviation

[See Title V Permit, Section K, Condition Nos. 22D & 23]

None

With required semi-annual monitoring reports.

2. The incident was first discovered by: <u>Joe Pedroza</u>		on	<u>09/27/2022</u>	<u>06:30</u>	<input checked="" type="radio"/> AM <input type="radio"/> PM
		Name	Date	Time	
3. The incident was first reported by: <u>Voicemail 800-288-7664</u>		on	<u>09/27/2022</u>	<u>06:46</u>	<input checked="" type="radio"/> AM <input type="radio"/> PM
		Name of AQMD Staff Person	Date	Time	
a. <input checked="" type="radio"/> Via Phone					
b. <input type="radio"/> In Person		Notification Number (Required): <u>717606</u>			
4. When did the incident actually occur? <u>09/22/2022</u>		<u>03:00</u>	<input type="radio"/> AM <input checked="" type="radio"/> PM		
		Date	Time		

AQMD USE ONLY	Received By:		Assigned By:		Inspector:	
	Date/Time Received:		Date/Time Assigned:		Date/Time Received Assignment:	
	Date Delivered To Team:		Date Reviewed Inspector Report:		Date Inspected Facility:	
	Team:	Sector:	Breakdown/Deviation Notification No.		Date Completed Report:	
	Recommended Action:		Cancel Notification	Grant Relief	Issue NOV No. _____	Other: _____
	Final Action:		Cancel Notification	Grant Relief	Issue NOV No. _____	Other: _____

5.	Has the incident stopped? a. <input checked="" type="radio"/> Yes, on: <u>09/22/2022</u> Date	Time <u>06:59</u> Time	<input type="radio"/> AM <input checked="" type="radio"/> PM	b. <input type="radio"/> No
6.	What was the total duration of the incident? <u>0</u> Days	<u>04</u> Hours		
7.	For equipment with an operating cycle, as defined in Rule 430 (b)(3)(A), when was the end of the operating cycle during which the incident occurred? _____ Date Time <input type="radio"/> AM <input type="radio"/> PM			
8.	Describe the incident and identify each piece of equipment (by permit, application, or device number) affected. Attach photos (when available) of the affected equipment and attach additional pages as necessary. Boiler 1 was in start up coming back from a forced outage burning natural gas. Because we were in the process of heating up the boiler our O2% was between 20.7% and 13.9%.			
9.	The incident may have resulted in a: a. <input checked="" type="checkbox"/> Violation of Permit Condition(s): <u>CB-ROP 05-01</u> b. <input type="checkbox"/> Violation of AQMD Rule(s): _____			
10.	What was the probable cause of the incident? Attach additional pages as necessary. Boiler 1 was in start up coming back from a forced outage burning natural gas. Because we were in the process of heating up the boiler our O2% was between 20.7% and 13.9%. Once biomass fuel was burning the O2 stabilized and the CO reading drop			
11.	Did the incident result in excess emissions? <input type="radio"/> No <input checked="" type="radio"/> Yes (Complete the following and attach calculations.) <input type="checkbox"/> VOC _____ lbs <input type="checkbox"/> NOx _____ lbs <input type="checkbox"/> SOx _____ lbs <input type="checkbox"/> H2S _____ lbs <input checked="" type="checkbox"/> CO <u>21.000</u> lbs <input type="checkbox"/> PM _____ lbs <input type="checkbox"/> Other: _____ lbs <u>pollutant</u>			
12.	For RECLAIM facilities Subject to Rule 2004 (i)(3) ONLY: If excess emissions of NOx and/or SOx were reported in Item 11, do you want these emissions to be counted when determining compliance with your annual allocations? a. <input type="radio"/> Yes, for: <input type="checkbox"/> NOx <input type="checkbox"/> SOx b. <input type="radio"/> No, for: <input type="checkbox"/> NOx <input type="checkbox"/> SOx If box 12(b) above is checked, include all information specified in Rule 2004(i)(3)(B) and (C), as applicable.			
13.	Describe the steps taken to correct the problem (i.e., steps taken to mitigate excess emissions, equipment repairs, etc.) and the preventative measures employed to avoid future incidents. Include photos of the failed equipment if available and attach additional pages as necessary. Boiler stabilized along with the O2 once biomass fuel admitted to the boiler. This caused the O2 to drop to normal operating levels and the CO lbs/hr went to 3.91 lbs/hr			
14.	Was the facility operating properly prior to the incident? a. <input checked="" type="radio"/> Yes b. <input type="radio"/> No, because: _____			
15.	Did the incident result from operator error, neglect or improper operation or maintenance procedures? a. <input type="radio"/> Yes b. <input checked="" type="radio"/> No, because: <u>The boiler was in start up.</u>			
16.	Has the facility returned to compliance? a. <input type="radio"/> No, because: _____ b. <input checked="" type="radio"/> Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)			

Section III - Certification Statement
 I certify under penalty of law that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attachments and other materials are true, accurate, and complete.
 For Title V Facilities ONLY: ☒ I also certify under penalty of law that that I am the responsible official for this facility as defined in AQMD Regulation XXX.

1. Signature of Responsible Official: 3. Print Name: Kevin Lawrence	2. Title of Responsible Official: Plant Manager 4. Date: 09/27/2022
5. Phone #: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Ex. 6 Personal Privacy (PP)</div>	6. Fax #:

7. Address of Responsible Official:
62-300 Gene Welmas Dr Mecca CA 92254
 Street # City State Zip

Boiler 1 Excess Emissions

Colmac Energy

CO lb/hr 3-Hr Rolling Excess Emissions for 9/22/2022

Parameter	Start	End	Duration	Value	Min	Max	Limit	Reason	Action
CO lb/hr 3-Hr Rolling	9/22/2022 3:00 PM	6:59 PM	4 hours	21.0	15.0	25.0	13	Startup	Complete start up of unit and raise temperatures and NH3 flow accordingly.
Total duration			4 hours						

Colmac Energy
Mecca, CA
Boiler 1 Daily Emissions Report
September 22, 2022

Daily NOx lbs- 648	Emission Limits 30-Day Rolling NOx lb/mmBtu - 0.3 SO2 ppm @3% O2 - 23.3 CO ppm @3% O2 * - 310 SO2 lb/mmBtu - 1.2 CO lb/mmBtu * - 0.46
------------------------------	---

Hour	O2%	NOx ppm	NOx ppm @3% O2	NOx lb/mmBtu	NOx lbs	SO2 ppm	SO2 ppm @3% O2	SO2 lb/mmBtu	SO2 lbs	CO ppm	CO ppm @3% O2	CO lb/mmBtu	CO lbs	Process Status
00	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
01	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
02	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
03	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
04	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
05	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
06	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
07	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
08	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
09	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
10	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
11	Maint	Maint	Maint	Maint	Maint	Maint	Maint	Maint	Maint	Maint	Maint	Maint	Maint	Normal
12	20.7	10.0	Inval	Inval	5.10	5.0	Inval	Inval	3.55	22.8	Inval	Inval	7.07	Startup
13	20.4	10.0	Inval	Inval	5.12	5.0	Inval	Inval	3.56	28.0	Inval	Inval	8.72	Startup
14	20.0	10.0	Inval	Inval	5.41	5.0	Inval	Inval	3.76	38.7	Inval	Inval	12.73	Startup
15	19.6	10.0	Inval	Inval	5.45	5.0	Inval	Inval	3.78	68.2	Inval	Inval	22.58	Startup
16	19.3	10.5	Inval	Inval	5.78	5.0	Inval	Inval	3.83	77.6	Inval	Inval	26.00	Startup
17	18.9	10.8	96.7	6.14	5.0	5.0	44.7	0.067	3.96	73.1	654.2	0.556	25.31	Startup
18	18.3	14.6	100.5	7.81	5.0	5.0	34.4	0.067	3.81	66.8	459.9	0.391	22.30	Startup
19	13.9	44.7	114.3	23.71	5.0	5.0	12.8	0.025	3.66	OOO	OOO	OOO	OOO	Startup
20	9.6	37.8	59.9	22.55	5.4	5.4	8.6	0.017	4.50	10.8	17.1	0.015	3.91	Startup
21	8.8	43.4	64.2	26.17	7.6	7.6	11.2	0.022	6.32	10.0	14.8	0.013	3.67	Startup
22	8.8	42.2	62.4	25.88	6.8	6.8	10.1	0.020	5.77	10.0	14.8	0.013	3.74	Normal
23	8.8	42.6	63.0	26.30	7.8	7.8	11.5	0.022	6.70	10.0	14.8	0.013	3.75	Normal
Average Total 30-Day Ring 365-Day Ring	15.6	23.9	80.1	0.112	165.42	5.6	19.0	0.037	53.20	37.8	195.9	0.167	139.8	
				0.087			14.0	0.027	56716		15 *	0.01 *		

* - 720 hour average of the previous 720 valid hours, excluding startup/shutdown



South Coast Air Quality Management District

Form 500-N**Title V - Deviations, Emergencies & Breakdowns**

*This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.

Mail To:
SCAQMD
P.O. Box 4941
Diamond Bar, CA 91765-0941

Tel: (909) 396-3385
www.aqmd.gov

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit):

Desert View Power

2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD):

100154

3. Address:

62-300 Gene Welmas Dr

(where incident occurred)

Street Address

Mecca

City

CA

State

92254

Zip

4. Mailing Address:

Same as above

(if different from Item 3)

Street Address

Same as above

City

State

Zip

5. Provide the name, title, and phone number of the person to contact for further information:

Doug Fritsch

Operations Manager

(760) 262-1684

Name

Title

Phone #

Section II - Reporting of Breakdowns, Deviations, and Emergencies

1. This written notification is to report a(n):

Type of Incident

Verbal Report Due*

Written Report Due

a. ☐ Emergency under Rule 3002(g)

Within 1 hour of discovery

Within 2 working days from when the emission limit was exceeded.

b. ☐ Breakdown under:☐ Rule 430 (Non-RECLAIM)

For Rules 430 & 2004 - Within 1 hour of discovery.

For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted.

☐ Rule 2004 (RECLAIM)☐ Rule 218 (Non-RECLAIM)

[See Rule 218(f)(3)]

For Rule 218 - Within 24 hours or next business day for failure/shutdown exceeding 24 hours

For Rule 218 - With required semi-annual reports.

c. ☒ Deviation with excess emissions

[See Title V Permit, Section K, Condition No. 22B]

Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.

Within 14 days of discovery of the deviation.

d. ☐ Other Deviation

[See Title V Permit, Section K, Condition Nos. 22D & 23]

None

With required semi-annual monitoring reports.

2. The incident was first discovered by: Joe Pedroza

Name

on

09/27/2022

Date

06:30

Time

☒ AM☐ PM

3. The incident was first reported by: Voicemail 800-288-7664

Name of AQMD Staff Person

on

09/27/2022

Date

06:48

Time

☒ AM☐ PMa. ☒ Via Phoneb. ☐ In Person

Notification Number (Required): 717608

4. When did the incident actually occur? 09/25/2022

Date

05:00

Time

☒ AM☐ PMAQMD
USE
ONLY

Received By:

Assigned By:

Inspector:

Date/Time Received:

Date/Time Assigned:

Date/Time Received Assignment:

Date Delivered To Team:

Date Reviewed Inspector Report:

Date Inspected Facility:

Team:

Sector:

Breakdown/Deviation Notification No.

Date Completed Report:

Recommended Action:

Cancel Notification

Grant Relief

Issue NOV No. _____

Other: _____

Final Action:

Cancel Notification

Grant Relief

Issue NOV No. _____

Other: _____

5. Has the incident stopped?	a. <input checked="" type="radio"/> Yes, on: <u>09/25/2022</u> Date	Time: <u>09:59</u> Time	<input checked="" type="radio"/> AM <input type="radio"/> PM	b. <input type="radio"/> No								
6. What was the total duration of the incident?	<u>0</u> Days	<u>05</u> Hours										
7. For equipment with an operating cycle, as defined in Rule 430 (b)(3)(A), when was the end of the operating cycle during which the incident occurred?	Date: _____		Time: _____ <input type="radio"/> AM <input type="radio"/> PM									
8. Describe the incident and identify each piece of equipment (by permit, application, or device number) affected. Attach photos (when available) of the affected equipment and attach additional pages as necessary. Boiler 2 was in start up coming back from a forced outage burning natural gas. Because we were in the process of heating up the boiler our O2% was between 20.4% and 11.5%.												
9. The incident may have resulted in a: a. <input checked="" type="checkbox"/> Violation of Permit Condition(s): <u>CB-ROP 05-01</u> b. <input type="checkbox"/> Violation of AQMD Rule(s): _____												
10. What was the probable cause of the incident? Attach additional pages as necessary. Boiler 2 was in start up coming back from a forced outage burning natural gas. Because we were in the process of heating up the boiler our O2% was between 20.4% and 11.5%. Once biomass fuel was burning the O2 stabilized and the CO reading drop												
11. Did the incident result in excess emissions? <input type="radio"/> No <input checked="" type="radio"/> Yes (Complete the following and attach calculations.) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> VOC _____ lbs</td> <td><input type="checkbox"/> NOx _____ lbs</td> <td><input type="checkbox"/> SOx _____ lbs</td> <td><input type="checkbox"/> H2S _____ lbs</td> </tr> <tr> <td><input checked="" type="checkbox"/> CO <u>18.000</u> lbs</td> <td><input type="checkbox"/> PM _____ lbs</td> <td><input type="checkbox"/> Other: _____ lbs</td> <td>_____ pollutant</td> </tr> </table>					<input type="checkbox"/> VOC _____ lbs	<input type="checkbox"/> NOx _____ lbs	<input type="checkbox"/> SOx _____ lbs	<input type="checkbox"/> H2S _____ lbs	<input checked="" type="checkbox"/> CO <u>18.000</u> lbs	<input type="checkbox"/> PM _____ lbs	<input type="checkbox"/> Other: _____ lbs	_____ pollutant
<input type="checkbox"/> VOC _____ lbs	<input type="checkbox"/> NOx _____ lbs	<input type="checkbox"/> SOx _____ lbs	<input type="checkbox"/> H2S _____ lbs									
<input checked="" type="checkbox"/> CO <u>18.000</u> lbs	<input type="checkbox"/> PM _____ lbs	<input type="checkbox"/> Other: _____ lbs	_____ pollutant									
12. For RECLAIM facilities Subject to Rule 2004 (i)(3) ONLY: If excess emissions of NOx and/or SOx were reported in Item 11, do you want these emissions to be counted when determining compliance with your annual allocations? a. <input type="radio"/> Yes, for: <input type="checkbox"/> NOx <input type="checkbox"/> SOx b. <input type="radio"/> No, for: <input type="checkbox"/> NOx <input type="checkbox"/> SOx If box 12(b) above is checked, include all information specified in Rule 2004(i)(3)(B) and (C), as applicable.												
13. Describe the steps taken to correct the problem (i.e., steps taken to mitigate excess emissions, equipment repairs, etc.) and the preventative measures employed to avoid future incidents. Include photos of the failed equipment if available and attach additional pages as necessary. Boiler stabilized along with the O2 once biomass fuel admitted to the boiler. This caused the O2 to drop to normal operating levels and the unit was shutdown do to another issue with combustor seal pot.												
14. Was the facility operating properly prior to the incident? a. <input checked="" type="radio"/> Yes b. <input type="radio"/> No, because: _____												
15. Did the incident result from operator error, neglect or improper operation or maintenance procedures? a. <input type="radio"/> Yes b. <input checked="" type="radio"/> No, because: <u>The boiler was in start up.</u>												
16. Has the facility returned to compliance? a. <input type="radio"/> No, because: _____ b. <input checked="" type="radio"/> Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)												

Section III - Certification Statement
 I certify under penalty of law that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attachments and other materials are true, accurate, and complete.
 For Title V Facilities ONLY: ☒ I also certify under penalty of law that that I am the responsible official for this facility as defined in AQMD Regulation XXX.

1. Signature of Responsible Official: 	2. Title of Responsible Official: <u>Plant Manager</u>
3. Print Name: <u>Kevin Lawrence</u>	4. Date: <u>09/27/2022</u>
5. Phone #: <u>(760) 262-1644</u>	6. Fax #:
7. Address of Responsible Official: <u>62-300 Gene Welmas Dr</u> <u>Mecca</u> <u>CA</u> <u>92254</u> Street # City State Zip	

Boiler 2 Excess Emissions

Colmac Energy

CO lb/hr 3-Hr Rolling Excess Emissions for 9/25/2022

Parameter	Start	End	Duration	Value	Min	Max	Limit	Reason	Action
CO lb/hr 3-Hr Rolling	9/25/2022 5:00 AM	9:59 AM	5 hours	18.0	17.0	20.0	13	Startup	Complete start up of unit and raise temperatures and NH3 flow accordingly.
Total duration			5 hours						

Colmac Energy
Mecca, CA
Boiler 2 Daily Emissions Report
September 25, 2022

Emission Limits
Daily NOx lbs- 648
30-Day Rolling NOx lb/mmbtu - 0.3
SO2 ppm @3% O2 - 17.7 CO ppm @3% O2 * - 310
SO2 lb/mmbtu - 1.2 CO lb/mmbtu * - 0.46

Hour	O2%	NOx ppm	NOx ppm @3% O2	NOx lb/mmbtu	NOx lbs	SO2 ppm	SO2 ppm @3% O2	SO2 lb/mmbtu	SO2 lbs	CO ppm	CO ppm @3% O2	CO lb/mmbtu	CO lbs	Process Status
00	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
01	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Normal
02	DCal	DCal	DCal	DCal	DCal	DCal	DCal	DCal	DCal	DCal	DCal	DCal	DCal	Startup
03	20.4	10.0	Invalid	Invalid	5.49	5.0	Invalid	Invalid	3.83	58.3	Invalid	Invalid	19.50	Startup
04	20.0	10.0	Invalid	Invalid	5.70	5.0	Invalid	Invalid	3.96	64.6	Invalid	Invalid	22.38	Startup
05	19.7	10.0	Invalid	Invalid	5.89	5.0	Invalid	Invalid	4.10	53.8	Invalid	Invalid	19.30	Startup
06	19.4	10.0	Invalid	Invalid	6.03	5.0	Invalid	Invalid	4.19	50.5	Invalid	Invalid	18.54	Startup
07	19.1	10.1	Invalid	Invalid	6.20	5.0	Invalid	Invalid	4.25	40.1	Invalid	Invalid	14.91	Startup
08	18.8	10.8	92.1	0.128	6.68	5.0	42.6	0.083	4.32	47.4	404.0	0.343	17.92	Startup
09	18.8	11.0	93.8	0.131	6.79	5.0	42.6	0.083	4.31	44.8	381.9	0.324	16.88	Startup
10	18.3	17.9	123.2	0.172	9.32	5.0	34.4	0.067	3.84	Invalid	Invalid	Invalid	Invalid	Startup
11	17.0	54.2	248.8	0.347	26.49	5.0	22.9	0.045	3.39	OOR	OOR	OOR	OOR	Startup
12	11.5	23.1	44.0	0.061	12.33	5.0	9.5	0.018	3.65	41.2	78.5	0.067	13.25	Startup
13	Cal	Cal	Cal	Cal	Cal	Cal	Cal	Cal	Cal	Cal	Cal	Cal	Cal	Startup
14	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
15	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
16	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
17	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
18	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
19	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
20	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
21	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
22	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
23	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
Average Total	18.3	16.7	120.4	0.168	90.92	5.0	30.4	0.059	39.84	50.1	288.1	0.245	142.7	
30-Day Ring				0.082			13.1	0.025			N/A *	N/A *		
365-Day Ring									52374					

* - 720 hour average of the previous 720 valid hours, excluding startup/shutdown



South Coast Air Quality Management District

Form 500-N**Title V - Deviations, Emergencies & Breakdowns**

*This written report is in addition to requirements to verbally report certain types of incidents. Verbal reports may be made by calling AQMD at 1-800-288-7664 (1-800-CUT-SMOG) or AQMD enforcement personnel.

Mail To:
SCAQMD
P.O. Box 4941
Diamond Bar, CA 91765-0941
Tel: (909) 396-3385
www.aqmd.gov

Section I - Operator Information

1. Facility Name (Business Name of Operator That Appears On Permit): <u>Desert View Power</u>		2. Valid AQMD Facility ID (Available On Permit Or Invoice Issued By AQMD): <u>100154</u>	
3. Address: (where incident occurred) <u>62-300 Gene Welmas Dr</u> Street Address <u>Mecca</u> City <u>CA</u> <u>92254</u> State Zip			
4. Mailing Address: (if different from Item 3) <u>Same as above</u> Street Address <u>Same as above</u> City <u>State</u> <u>Zip</u>			
5. Provide the name, title, and phone number of the person to contact for further information: <u>Doug Fritsch</u> <u>Operations Manager</u> <u>(760) 262-1684</u> Name Title Phone #			

Section II - Reporting of Breakdowns, Deviations, and Emergencies

1. This written notification is to report a(n):

Type of Incident	Verbal Report Due*	Written Report Due
a. <input type="checkbox"/> Emergency under Rule 3002(g)	Within 1 hour of discovery	Within 2 working days from when the emission limit was exceeded.
b. <input type="checkbox"/> Breakdown under: <input type="checkbox"/> Rule 430 (Non-RECLAIM) <input type="checkbox"/> Rule 2004 (RECLAIM) <input type="checkbox"/> Rule 218 (Non-RECLAIM) [See Rule 218(f)(3)]	For Rules 430 & 2004 - Within 1 hour of discovery. For Rule 218 - Within 24 hours or next business day for failure/shutdown exceeding 24 hours	For Rules 430 & 2004 - Within 7 calendar days after breakdown is corrected, but no later than 30 days from start of the breakdown, unless a written extension is granted. For Rule 218 - With required semi-annual reports.
c. <input checked="" type="checkbox"/> Deviation with excess emissions [See Title V Permit, Section K, Condition No. 22B]	Within 72 hours of discovery of the deviation or shorter reporting period if required by an applicable State or Federal Regulation.	Within 14 days of discovery of the deviation.
d. <input type="checkbox"/> Other Deviation [See Title V Permit, Section K, Condition Nos. 22D & 23]	None	With required semi-annual monitoring reports.

2. The incident was first discovered by: <u>Joe Pedroza</u> on <u>09/27/2022</u> <u>06:30</u> <input checked="" type="radio"/> AM <input type="radio"/> PM Name Date Time	
3. The incident was first reported by: <u>Voicemail 800-288-7664</u> on <u>09/27/2022</u> <u>06:51</u> <input checked="" type="radio"/> AM <input type="radio"/> PM Name of AQMD Staff Person Date Time	
a. <input checked="" type="radio"/> Via Phone	
b. <input type="radio"/> In Person	
Notification Number (Required): <u>717609</u>	
4. When did the incident actually occur? <u>09/26/2022</u> <u>06:00</u> <input checked="" type="radio"/> AM <input type="radio"/> PM Date Time	

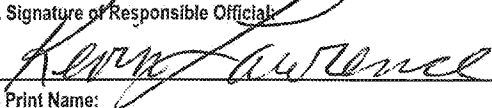
AQMD USE ONLY	Received By:		Assigned By:		Inspector:	
	Date/Time Received:		Date/Time Assigned:		Date/Time Received Assignment:	
	Date Delivered To Team:		Date Reviewed Inspector Report:		Date Inspected Facility:	
	Team:	Sector:	Breakdown/Deviation Notification No.		Date Completed Report:	
	Recommended Action:		Cancel Notification	Grant Relief	Issue NOV No. _____	Other: _____
	Final Action:		Cancel Notification	Grant Relief	Issue NOV No. _____	Other: _____

5. Has the incident stopped? a. ☒ Yes, on: 09/26/2022 08:59 ☒ AM ☐ PM b. ☐ No
Date Time
6. What was the total duration of the incident? 0 03
Days Hours
7. For equipment with an operating cycle, as defined in Rule 430 (b)(3)(A), when was the end of the operating cycle during which the incident occurred? _____
Date Time ☐ AM ☐ PM
8. Describe the incident and identify each piece of equipment (by permit, application, or device number) affected. Attach photos (when available) of the affected equipment and attach additional pages as necessary.
Boiler 2 was in start up coming back from a forced outage burning natural gas. Because we were in the process of heating up the boiler our O2% was between 20.8% and 16.3%.
9. The incident may have resulted in a:
a. ☒ Violation of Permit Condition(s): CB-ROP 05-01
b. ☐ Violation of AQMD Rule(s): _____
10. What was the probable cause of the incident? Attach additional pages as necessary.
Boiler 2 was in start up coming back from a forced outage burning natural gas. Because we were in the process of heating up the boiler our O2% was between 20.8% and 16.3%. Once biomass fuel was burning the O2 stabilized and the CO reading drop
11. Did the incident result in excess emissions? ☐ No ☒ Yes (Complete the following and attach calculations.)
☐ VOC _____ lbs ☐ NOx _____ lbs ☐ SOx _____ lbs ☐ H2S _____ lbs
☒ CO 21.000 lbs ☐ PM _____ lbs ☐ Other: _____ lbs pollutant
12. For RECLAIM facilities Subject to Rule 2004 (i)(3) ONLY: If excess emissions of NOx and/or SOx were reported in Item 11, do you want these emissions to be counted when determining compliance with your annual allocations?
a. ☐ Yes, for: ☐ NOx ☐ SOx b. ☐ No, for: ☐ NOx ☐ SOx
If box 12(b) above is checked, include all information specified in Rule 2004(i)(3)(B) and (C), as applicable.
13. Describe the steps taken to correct the problem (i.e., steps taken to mitigate excess emissions, equipment repairs, etc.) and the preventative measures employed to avoid future incidents. Include photos of the failed equipment if available and attach additional pages as necessary.
Boiler stabilized along with the O2 once biomass fuel admitted to the boiler. This caused the O2 to drop to normal operating levels and the CO lbs/hr went to 3.50 lbs/hr
14. Was the facility operating properly prior to the incident?
a. ☒ Yes b. ☐ No, because: _____
15. Did the incident result from operator error, neglect or improper operation or maintenance procedures?
a. ☐ Yes b. ☒ No, because: The boiler was in start up.
16. Has the facility returned to compliance?
a. ☐ No, because: _____
b. ☒ Yes (Attach evidence such as emissions calculations, contemporaneous operating logs or other credible evidence.)

Section III - Certification Statement

I certify under penalty of law that based on information and belief formed after reasonable inquiry, the statements and information in this document and in all attachments and other materials are true, accurate, and complete.

For Title V Facilities ONLY: ☒ I also certify under penalty of law that that I am the responsible official for this facility as defined in AQMD Regulation XXX.

1. Signature of Responsible Official: 	2. Title of Responsible Official: Plant Manager
3. Print Name: Kevin Lawrence	4. Date: 09/27/2022
5. Phone #: (760) 262-1644	6. Fax #:
7. Address of Responsible Official: 62-300 Gene Welmas Dr Mecca CA 92254 Street # City State Zip	

Boiler 2 Excess Emissions

Colmac Energy

CO lb/hr 3-Hr Rolling Excess Emissions for 9/26/2022

Parameter	Start	End	Duration	Value	Min	Max	Limit	Reason	Action
CO lb/hr 3-Hr Rolling	9/26/2022 6:00 AM	8:59 AM	3 hours	21.0	17.0	24.0	13	Startup	Complete start up of unit and raise temperatures and NH3 flow accordingly.
Total duration			3 hours						

Colmac Energy
Mecca, CA
Boiler 2 Daily Emissions Report
September 26, 2022

Daily	Emission Limits			
NOx lbs- 648				
	30-Day Rolling			
	NOx lb/mmBtu - 0.3	SO2 ppm @3% O2 - 17.7	CO ppm @3% O2 - 310	
	SO2 lb/mmBtu - 1.2	CO lb/mmBtu * - 0.46		

Hour	O2%	NOx ppm	NOx ppm @3% O2	NOx lb/mmBtu	NOx lbs	SO2 ppm	SO2 ppm @3% O2	SO2 lb/mmBtu	SO2 lbs	CO ppm	CO ppm @3% O2	CO lb/mmBtu	CO lbs	Process Status
00	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
01	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
02	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
03	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down	Down
04	20.8	10.0	Invalid	Invalid	3.18	5.0	Invalid	Invalid	2.21	21.4	Invalid	Invalid	5.90	Startup
05	20.3	10.0	Invalid	Invalid	5.87	5.0	Invalid	Invalid	4.08	84.9	Invalid	Invalid	30.26	Startup
06	20.0	10.0	Invalid	Invalid	5.92	5.0	Invalid	Invalid	4.12	71.3	Invalid	Invalid	25.65	Startup
07	19.9	10.0	Invalid	Invalid	5.11	5.0	Invalid	Invalid	3.55	51.2	Invalid	Invalid	15.90	Startup
08	19.5	10.0	Invalid	Invalid	5.21	5.0	Invalid	Invalid	3.63	29.5	Invalid	Invalid	9.33	Startup
09	19.1	10.9	Invalid	Invalid	5.89	5.0	Invalid	Invalid	3.76	14.3	Invalid	Invalid	4.67	Startup
10	18.7	12.4	100.9	0.141	6.93	5.0	40.7	0.079	3.89	10.8	87.9	0.075	3.66	Startup
11	18.2	16.1	106.7	0.149	9.24	5.0	33.1	0.064	4.00	10.0	66.3	0.056	3.50	Startup
12	16.3	39.7	154.5	0.216	19.66	5.0	19.5	0.038	3.43	OOOR	OOOR	OOOR	OOOR	Startup
13	10.7	30.3	53.2	0.074	17.34	5.0	8.8	0.017	4.04	20.7	36.3	0.031	7.18	Startup
14	8.8	44.9	66.4	0.093	25.14	5.8	8.6	0.017	4.53	10.0	14.8	0.013	3.41	Startup
15	8.7	42.9	62.9	0.088	25.69	10.9	16.0	0.031	9.09	10.0	14.7	0.012	3.65	Normal
16	8.8	38.9	57.5	0.080	23.76	9.3	13.8	0.027	7.87	10.0	14.8	0.013	3.73	Normal
17	8.9	40.0	59.7	0.083	24.46	10.6	15.8	0.031	9.01	10.0	14.9	0.013	3.82	Normal
18	8.8	40.7	60.2	0.084	25.52	10.3	15.2	0.030	9.01	10.0	14.8	0.013	3.85	Normal
19	9.1	38.3	58.1	0.081	24.17	9.6	14.6	0.028	8.40	10.0	15.2	0.013	3.88	Normal
20	9.1	38.5	58.4	0.081	24.57	9.6	14.6	0.028	8.54	10.0	15.2	0.013	3.89	Normal
21	9.1	38.3	58.1	0.081	24.52	10.1	15.3	0.030	9.00	10.0	15.2	0.013	3.89	Normal
22	9.0	38.0	57.2	0.080	24.51	11.8	17.7	0.034	10.59	10.0	15.0	0.013	3.93	Normal
23	9.0	37.3	56.1	0.078	24.20	9.5	14.3	0.028	8.58	10.0	15.0	0.013	3.95	Normal
Average Total	13.6	27.9	72.1	0.101	330.89	7.4	17.7	0.034	121.33	21.8	26.2	0.022	143.9	
30-Day Ring				0.082			13.2	0.026			15 *	0.01 *		
365-Day Ring									52365					

* - 720 hour average of the previous 720 valid hours, excluding startup/shutdown